

## Newcastle Primary School

### Pupil Absence Note

Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date (s) of absence: \_\_\_\_\_ Date of return to school: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

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Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

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Pupil Absence Note

\_\_\_\_\_ will not be in school on \_\_\_\_\_  
(pupil name) (day and date)

**Please tick appropriate box:**

He / she has a medical appointment with the doctor / hospital / optician / dentist  
(please circle as appropriate)

If the appointment is early in the morning he / she will return to school at \_\_\_\_\_

If the appointment is later in the day he / she will be collected at \_\_\_\_\_

Other (please give details) \_\_\_\_\_

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